


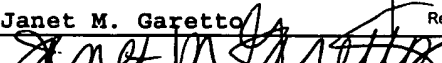
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PTO/SB/50 (02-01)
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REISSUE PATENT APPLICATION TRANSMITTAL

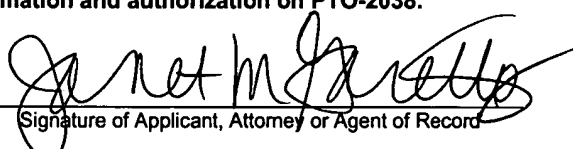
Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%;">Attorney Docket No.</td><td>47097-00958USPR</td></tr><tr><td>First Named Inventor</td><td>Raj K. Mangla</td></tr><tr><td>Original Patent Number</td><td>6,257,401 B1</td></tr><tr><td>Original Patent Issue Date (Month/Day/Year)</td><td>July 10, 2001</td></tr><tr><td>Express Mail Label No.</td><td>EL 831842440 US</td></tr></table>	Attorney Docket No.	47097-00958USPR	First Named Inventor	Raj K. Mangla	Original Patent Number	6,257,401 B1	Original Patent Issue Date (Month/Day/Year)	July 10, 2001	Express Mail Label No.	EL 831842440 US									
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APPLICATION FOR REISSUE OF: (Check applicable box) <input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent																				
APPLICATION ELEMENTS (37 CFR 1.173) 1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/ SB/ 56) (Submit an original, and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate) 4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate) 5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52) 6. <input type="checkbox"/> Power of Attorney 7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96) 8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table 9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary) a. <input type="checkbox"/> Computer Readable Form (CFR) b. Specification Sequence Listing on: i <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	ACCOMPANYING APPLICATION PARTS 10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c). 11. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribbioned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55) 12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable) 13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable) 15. <input checked="" type="checkbox"/> Preliminary Amendment 16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 17. Other: Offer to Surrender the Original Patent Under 37 CFR 1.178																			
18. CORRESPONDENCE ADDRESS <input checked="" type="checkbox"/> Customer Number or Bar Code Label 30223 or <input type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)																				
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20%;">Name</td><td colspan="3">John C. Gatz</td></tr><tr><td rowspan="2">Address</td><td colspan="3">JENKENS & GILCHRIST, P.C.</td></tr><tr><td colspan="2">225 West Washington Street, Suite 2600</td><td>Zip Code 60606-3418</td></tr><tr><td>City</td><td>Chicago</td><td>State Illinois</td><td>Fax (312) 425-3909</td></tr><tr><td>Country</td><td>USA</td><td>Telephone</td><td>(312) 425-3900</td></tr></table>		Name	John C. Gatz			Address	JENKENS & GILCHRIST, P.C.			225 West Washington Street, Suite 2600		Zip Code 60606-3418	City	Chicago	State Illinois	Fax (312) 425-3909	Country	USA	Telephone	(312) 425-3900
Name	John C. Gatz																			
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City	Chicago	State Illinois	Fax (312) 425-3909																	
Country	USA	Telephone	(312) 425-3900																	

NAME (Print/Type)	Janet M. Garetto	Registration No. (Attorney/Agent)	42,568
Signature		Date	July 10, 2003

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16235 U.S. PTO
10/616733
07/10/03

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REISSUE APPLICATION FEE TRANSMITTAL FORM							Docket Number (Optional) 47097-00958USPR		
Claims as Filed – Part 1									
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Entity	Other than a Small		
				Rate	Fee		Rate	Fee	
(A) 76	Total Claims (37 CFR 1.16(j)) Independent claims (37 CFR 1.16(i))	(B) 96	*** 20 =	x \$ _____ =		or	x \$ 18 =	360.00	
(C) 5		(D) 11	* 6 =	x \$ _____ =			x \$ 84 =	504.00	
Basic Fee (37 CFR 1.16(h))					\$ 750.00			\$ 750.00	
Total Filing Fee					\$ 1614.00		OR	\$ 1614.00	
Claims as Amended – Part 2									
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity			Other than a Small Entity	
					Rate	Fee		Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ _____ =			x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =			x \$ _____ =	
Total Additional Fee					\$		OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B – A); if "A" is 20 or less, use (B – 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-447/47097-00958USPR</u> in the amount of <u>1614.00</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>10-447/47097-00958USPR</u>. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing/additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>									
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>									
07/10/2003									
Date									
		 Signature of Applicant, Attorney or Agent of Record							
		Janet M. Garetto, Reg. No. 42,568 _____ Typed or printed name							

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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Customer No. 30223

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Reissue Application No.: Not Assigned)

Atty. Docket No.: 47097-00958USPR

Filed: July 10, 2003)

Examiner: Not Assigned

Patent No.: 6,257,401 B1)

Art Unit: Not Assigned

Granted: July 10, 2001)

Patentees: Raj K. Mangla)
J. Scott Dellinger)
Mark A. Erickson)
Thomas J. Hayes)
Suzanne R. Maslach)
Mark E. Spencer)

For: Vented Container With Handles)
And Embossment)

EXPRESS MAIL MAILING LABEL

NUMBER: EL 831842440 US

DATE: July 10, 2003

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Signature

OFFER TO SURRENDER THE ORIGINAL PATENT (37 C.F.R. § 1.178)

Mail Stop Reissue
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Commissioner:

The Applicants hereby offer to surrender the original patent prior to allowance of the subject reissue application.

Respectfully submitted,

Date: July 10, 2003


Janet M. Garetto

Reg. No. 42,568

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Attorney for Applicants